

Group 1 Notes

Judy Orr	Head of Finance & Transformation
Julie Lusk	Head of MH, LD &LLT
Fiona Thomson	Head of Pharmacy
Cllr Robin Currie	Council Leader & IJB Board Member
Cllr Kieron Green	Vice Chair IJB
Nicola Schinaia	Asst Dir of Public Health
Fiona Campbell	Clinical Care & Governance Manager

FEEDBACK/CHANGES TO SRR

Risk	Feedback / Changes
SRR03	Note the impact of Feeley which will affect the Strategic Needs Assessment. Much of the risk needs to be tolerated as we have little control. We can however address the consequences in terms of how we respond in terms of recruitment challenges
SRR06	Feeley may have consequences in terms of changing ownership of assets. We need the HSCP to plan more about what it needs in terms of assets for the future. There should be a strategic mapping of assets to needs resulting in a medium term plan for new or updated assets which can then be discussed with the parent bodies. Too reactive just now Noted that Council Leader met with NHS-H CEO and discussed inter generational buildings/ campus type approach when they met on Islay recently.
SRR07	Risk remains high – even mitigated risk should be 5 in terms of likelihood (almost certain). Care home death information being released today. Some of proposals re care homes are already known to be controversial even whilst these are still at options appraisal / initial scoping stage. Providers have significant concerns on financial sustainability and the proposals for support from June are to be discussed at Cosla Leaders on Friday. Proposals are for reduction in levels of support. Note that care at home providers and care home providers have a range of concerns all of which affect their financial sustainability. Additional mitigation required is the development of winter plan in the Autumn, and a further piece of work to respond to the Mental Welfare Commission report on S13ZA and AWI discharges – action plan and training is required.
SRR11	The mitigated impact should increase to 4 Major, and likelihood to 5 almost certain. There is significant concern that LPGs haven't been effective (paused due to pandemic, only restarting in Sept 21), and conversation cafes did not work very well. There is also new SG guidance "Planning with People". Noted that the annual engagement plan is on agenda for June IJB and is a key piece of work to mitigate the risk. Need to take stock of this and then see what more should be done to mitigate the risk. Also noted that there are a number of clear pathways for engagement through MH advocacy services, MH hubs, carers centres etc
SRR15	Need to recognise that waiting times have already increased due to the pandemic. Patients are presenting sicker and there is more unmet need. More money is being invested. We are very reliant von NHS GG&C.

	Need to describe the risk more precisely in terms of failure to meet waiting times targets and TTGs (treatment time guarantees)
SRR16	Recognise that support services adapted very quickly to working from home during the pandemic and IT facilities improved significantly. There are some specific challenges mainly around HR/ recruitment – these should reflect escalations from operational risk registers. In general, the arrangements work well and everyone is used what is in place.
SRR20	Need to be specific about what this risk means Concern expressed that this is overly focussed on NHS part of HSCP and Council side is at risk of being left out as the leadership is predominantly from North Highland/ Health, but we have a local group too. We don't yet know the impact of the actions identified
New	Add a risk re uncertainties from the Feeley Review – may be picked up by SSR09?
New	Add a risk re failure to comply e.g. with data protection, Stat & Mand Training, whistle blowing standards. Generally thought to sit with parent organisations
General	Risk guidance to pick up flow from operational risk registers to SRR. Ensure SLT reviews them every 6 months. Can they be aligned to committees also? Can SLT pick up any Red risks from ORRs? CO is responsible to take to IJB every 6 months.

Group 2 Notes

Liz Higgins AND
Rebecca Helliwell DMD
Caroline Cherry HoS
Takki Sulaiman TSI
Jean Boardman NED
Susan Ringwood NED

FEEDBACK/CHANGES TO SRR

Risk	Feedback / Changes
SRR01	<p>Risk Description too wordy and not person centred. Need more about direct impact on people rather than an inability to deliver SP</p> <p>Current mitigation- more of a list than actions. Should include reference to the value of coproduction which leads to engagement rather than just reference engagement strategy.</p> <p>Needs to be more succinct and less operational but also need to be understood by the reader</p> <p>New mitigation 1)- more robust input from prof and clinical leads at all Committees and with process. 2) A method of review and evaluation of services delivered (? whether the annual plan does this)</p> <p>No change to scoring</p>
SRR10	No idea how we did it but we missed this one- must have scrolled on too far

	My thoughts- Current mitigation should include OU students New mitigation- Return to practice programme and I think something about supporting CPD and is there also something about housing for this one?
SRR13	The group felt the language in the descriptor was unhelpful and not accurate. Need to link to patient/service users experience. Mitigations - CG Committee in itself not a mitigation- CG functions are. Needs rewritten as out of date references to Highland Quality approach
SRR14	Big statement and not accurate. What is telling us that these identified issues are making our services unsafe?- don't believe there is evidence of that. The risk before mitigation is too high – need to change from likely to possible. Needs complete rewrite if we still feel it is a risk. I see it is my name against this one- I didn't write this but happy to work with Julie to review
SRR17	No changes- happy with this one
SRR18	Very broad and risk not defined needs to be expanded – can't comment further in present iteration
SRR19	Needs to be based on a Pandemic response and learn lessons from service disruptions during Covid 19. Needs work to beef it up as not useful in current format
Other points	Specific risk could be linked to and monitored by individual committees Combining Columns DEF and HIJ to read – e.g. 3 x5 = 15 HIGH would streamline the presentation

Group 3 Notes

Linda Currie	Lead AHP/carers
Betty Rhodick	A service user representative
Fiona Davies	Chief Officer
David Forshaw	Principal Accountant
Sarah Compton-Bishop	Chair
Margaret McGowan	Provider rep from Scottish Care
Laurence Slavin	CIA

FEEDBACK/CHANGES TO SRR

Risk	Feedback / Changes
SRR02	Risk Description Change to Delivery of Strategic Objectives - Lack of resources to deliver transformational change could lead to a failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. The pace of change to re-design services might not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.

SRR02	<p>New Consequence Column</p> <p>Inability to convince the workforce and communities of the need for change could lead to reputational damage and the increased fragility of health and social care services.</p>
SRR02	<p>Mitigations Column</p> <p>First BP – ref to locality planning groups. Accept that we do have locality planning groups and they did a lot pf work pre-COVID however COVID has put this work back and there is a need to rebuild - need to consider a new control measure to reflect this.</p>
SRR02	<p>Mitigations Column</p> <p>No reference to the Service Transformation Board. .</p>
SRR02	<p>Mitigations Column / Proposed Control Measures</p> <ul style="list-style-type: none"> ○ The third last one about developing clearer links between performance and financial information refers to the integrated performance regime which is still being developed and is actually referenced in the proposed new control measures - it should be removed as a mitigation <p>The proposed control measure needs a date for the rollout.</p>
SRR02	<p>Mitigations Column / Proposed Control Measures</p> <ul style="list-style-type: none"> ○ The second last one is worded in a way that it could be interpreted as something we should be doing rather than we are doing – is that just a semantics thing or is it an improvement action rather than a mitigation. IN general the language for this bullet point is quite woolly regardless of whether it is a mitigation or an improvement action
SRR02	<p>Mitigations Column / Proposed Control Measures</p> <p>The last bullet point about further review of technologies sounds more like an action to be done so should it move into the proposed control measures box.</p> <p>Need to be far more specific in the control measures box about what we are doing in relation to technologies and who we are looking to apply learning from COVID. And who was looking at this.</p>
SRR02	<p>Mitigations Column General Feedback</p> <p>Very little (or no) mitigations about the resource part of the risk bar reference to budget planning and savings plans. The mitigations mainly refer to the transformational element of the risk.</p> <p>Is resource (i.e. cash, staff, other assets) covered elsewhere in risk register? Does there need to be a standalone risk for lack of resources and this one focuses on transformation agenda only?</p>
SRR02	<p>Proposed Control Measures</p>

	<p>There should be a proposed control measure relating to a need to improve links between the Transformation Board, Strategic Commissioning Group and other relevant groups – this is something that should be built into the review of Corporate Governance referenced at SRR04.</p>
SRR04	<p>Risk Description</p> <p>Change to</p> <p>Governance and Leadership - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction.</p>
SRR04	<p>New Consequence Column</p> <p>This could lead to lack of confidence in the ability of the IJB and reputational damage.</p>
SRR04	<p>Mitigations Column</p> <p>Should refer to regular engagement with the Standards officer</p>
SRR04	<p>Mitigations Column</p> <p>Reference to IA review of governance arrangements in itself does not provide mitigation – when was it, what was the outcome, were improvement actions agreed and implemented?</p>
SRR04	<p>Mitigations Column</p> <p>Remove reference to 2020 revision of integrated mgt structure</p>
SRR04	<p>Proposed Control Measures</p> <p>Fiona has started some work around standardisation of meeting structures, lengths of meetings, trying to avoid duplication and gaps etc – this should be referenced in the proposed control measures.</p>
SRR04	<p>Proposed Control Measures</p> <p>Need new one to reflect recent IJB development session (last week in April?) and actions coming out of that session.</p>
SRR04	<p>Proposed Control Measures</p> <p>Needs reference to ongoing review/redesign of mgt structures and focus on ensuring professional leadership.</p>
SRR04	<p>Proposed Control Measures</p> <p>Timescales for action</p>
SRR05	<p>Risk Description</p> <p>Change to</p>

	<p>Partnership Working - lack of clarity around roles and responsibilities and the ability of the IJB to articulate commissioning intentions for all services might result in inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for acute services, the third sector and other commissioned providers.</p>
SRR05	<p>New Consequence Column</p> <p>This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners.</p>
SRR05	<p>Proposed New Control Measures</p> <p>New action required around providing training and development for board members to maximise their understanding and impact they can have. There has been Board turnover and whilst there is induction this not sufficient going forward. .</p>
SRR05	<p>Proposed New Control Measures</p> <p>New action required around providing greater clarity to smaller ogsns around funding levels to facilitate longer term security and planning for service delivery.</p>
SRR05	<p>Proposed New Control Measures</p> <p>Timescales needed for actions and the actions need to be far clearer about what is being done, by who and when. Too vague just now.</p>
SRR08	<p>Risk Description</p> <p>Change to</p> <p>Equalities - service are not delivered in a way that addresses inequalities.</p>
SRR08	<p>New Consequence Column</p> <p>Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.</p>
SRR08	<p>Mitigations Column</p> <p>Third bullet point refers to Equality Impact Assessments will be carried out rather than 'are carried out' - possibly just semantics but are we comfortable that they are carried out?</p>
SRR08	<p>Proposed New Control Measures</p>

	<p>Is this an action – it reads more like an aspiration. How are we going to ensure this happens? It needs more detail and timescales.</p>
SRR09	<p>Risk Description</p> <p>Change to</p> <p>Scottish Government Policies - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan (i.e. Continuing Care, the Living Wage, the Carers Act, IRASC and other future policy developments.</p>
SRR09	<p>New Consequence Column</p> <p>Inability to deliver SG policies alongside the Strategic Plan and objectives and the impact of additional unfunded cost pressures.</p>
SRR09	<p>Proposed New Control Measures</p> <p>No reference to capture the work to reflect on and respond to the IRASC or Carer's Act</p>
SRR09	<p>Proposed New Control Measures</p> <p>Question over whether there could be more work done to enhance the relationships between the IJB and elected representatives to ensure we have a voice representing us at the national table.</p>
SRR12	<p>Risk Description</p> <p>Change to</p> <p>Workforce Shift - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.</p>
SRR12	<p>New Consequence Column</p> <p>This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.</p>
SRR12	<p>Proposed New Control Measures</p> <p>Need reference to work underway around the response to the Sturrock report – the culture workstreams (is there 6 of them)?</p> <p>Action shouldn't just focus on completing the Sturrock actions but also looking beyond that and the next steps.</p>

SRR12	<p>Proposed New Control Measures</p> <p>Possibly new action to focus on ongoing development in relation to workforce planning - there has been material changes in workforce planning in terms of how it is managed and also the implementation of the 'Once for Scotland HR Policies' and implications of the Health and Staff Care Planning Act.</p> <p>Redeployment of staff is an issue requiring improvements.</p>
GENERAL	<p>Question whether there is a need for an overarching risk relating to compliance with various strands of legislation (i.e. whistleblowing, statutory training, DPA etc) All the things we need to do be law and the associates risk if we don't do them –</p> <p>Requires a wider discussion and further consideration.</p>